



NATIONAL INTERAGENCY FIRE CENTER

CASUAL PAYMENT CENTER

A SERVICE FIRST ORGANIZATION

CASUAL PAYMENT CENTER MS 270

3833 S DEVELOPMENT AVE BOISE, ID 83705-5354

PHONE: 877-471-2262 FAX: 208-433-6405

W-2 REQUEST FORM

Check one: ☐ BIA ☐ BLM ☐ FWS ☐ NPS

NAME: _____ SSN: _____

1. Check either DUPLICATE or CORRECTED W-2 Request:

☐ **DUPLICATE W-2 Request:** I *HAVE NOT* received/lost my original W-2 for casual earnings paid in year(s) _____. Mail a duplicate copy to the address listed below.

☐ **CORRECTED W-2 Request:** I *HAVE* received my W-2 for casual earnings paid in year(s) _____, but the information indicated below is incorrect. Correct your records and mail a corrected W-2. (*You must retain your original W-2, both are required for filing.*)

☐ The W-2 I received does not agree with the totals on my last Wage and Earnings Statement. (*You must send a copy of your original W-2 with this form.*)

☐ The Social Security Number (SSN) on my W-2 is incorrect. Correct your records as indicated:

CORRECT SSN (*exactly as printed on your social security card*): _____

INCORRECT SSN (*exactly as printed on your original W-2*): _____

☐ The name on my W-2 is incorrect. Correct your records as indicated:

CORRECT NAME (*exactly as printed on your social security card*): _____

INCORRECT NAME (*exactly as printed on your original W-2*): _____

☐ Transfer my earned wages from _____ (*incorrect state*) to _____ (*correct state*) for wages earned between dates _____ and _____.

☐ By checking here I am also requesting that my incorrect state be removed from your system. (*You must submit a state tax form for your correct state, if you have not already done so, in order to fix the state you are being taxed by.*)

**If no year is indicated, most previous year will be assumed.*

2. Mail my DUPLICATE or CORRECTED W-2 to the following address:

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ This **WILL** permanently change my address.

☐ This **WILL NOT** permanently change my address.

**If neither address box is marked, your address WILL NOT be permanently changed.*

**Corrected W-2 will be sent to the same mailing address the original W-2 was sent to unless otherwise indicated.*

SIGNATURE: _____ DATE: _____ PHONE #: _____

Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 USC Section 552a and for use described in System of Records Notice Interior/OS-85.

For office use only:

Revised 02/2013

Faxed to IBC: Date _____ Initials _____